

MAR 13 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

6385

1. PLACE OF DEATH

County Jackson
Township San City, Mo
City San City, Mo

Registration District No. 809
Primary Registration District No. Trinity Lutheran Hosp

File No. 6385
Registered No. 1213
St. Mo Ward 1

2. FULL NAME

(a) Residence, No. George Lee Keller
(Usual place of abode) Orick Mo

St. Mo Ward 1
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hattie Keller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>OCT-27-1875</u>		
7. AGE YEARS <u>61</u>	MONTHS <u>3</u>	DAYS <u>13</u>
If LESS than 1 day, hrs. min.		
8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>Farmer & Trader</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Stockman</u>		
10. Date deceased last worked at this occupation (month and year) <u>Dec 14-1936</u>		
11. Total time (years) spent in this occupation <u>61</u>		

OCCUPATION	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo. City Mo</u>
	13. NAME <u>George Keller</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Near Louisville Kentucky</u>
	15. MAIDEN NAME <u>Florence Bell</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Liberty Mo</u>
	17. INFORMANT <u>Gibson Matties Paul Keller</u> (ADDRESS) <u>Orick Mo 4915 Inoost</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Richmond Mo</u> DATE <u>Feb-12-37</u>
	19. UNDERTAKER <u>Mr C. J. Gibson</u> (ADDRESS) <u>Orick Mo</u>
20. FILED <u>2-11-37</u> <u>M. M. Crowe, registrar</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-10-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-26-37, 19, to 2-10-37, 19.

I last saw him alive on 2-10-37, 19. Death is said to have occurred on the date stated above, at 10:45 P.M.

The principal cause of death and related causes of importance were as follows:

Abscess of thigh, etiology undetermined
Hypostatic pneumonia
Generalized arteriosclerosis

Date of onset 12-19-36

Other contributory causes of importance: 97

Name of operation No removal of abscess Date of 1-29-37

What test confirmed diagnosis? P.E.T. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify Allen S. Harst (R.M.M.), M. D.
(Address) Prof. Bldg. K.C. Mo

